



SOUTH DAKOTA BOARD OF NURSING  
SOUTH DAKOTA DEPARTMENT OF HEALTH  
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3415  
(605) 362-2760 ♦ FAX: 362-2768

RECEIVED  
OCT 03 2011  
SD BOARD OF NURSING

APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: ☐ INITIAL APPROVAL ☒ REAPPROVAL  
Please select: ☐ NURSING HOME BASED ☒ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

INITIAL APPROVAL REQUIREMENTS

- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours
- Course Syllabus:
  - ☐ If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus
  - ☐ If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:
    - Course overview
    - Course objectives
    - Content outline
    - Skills training
    - Teaching methodologies
    - Methods of evaluation
    - Environment for learning
    - Student:Instructor ratio
    - Names of required textbooks

REAPPROVAL REQUIREMENTS

- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☐ Changes in program length & distribution of hours, if any
- ☐ Changes in Course Syllabus, if any
- ☐ Changes in Faculty, if any

COMMENTS:

Laurie Larson, BSN, will maintain both roles as supervisor and primary instructor, although Deb Ernst remains available and involved in the program.

Note: Written notification should be submitted to the Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM LAKE AREA TECHNICAL INSTITUTE

ADDRESS: 230 11th Street NE, PO Box 730, Watertown, SD 57201

TEL: (605) 882-5284

FAX: (605) 882-6299

EMAIL: cartneym@lakeareatech.edu

NAME OF COURSE: Certified Nursing Assistant

PROGRAM COORDINATOR & CREDENTIALS: Laurie Larson, BSN

- ☐ Attach vitae/professional work history with Initial Application for this Program Coordinator
- ☒ Attach a copy of current RN license card with Initial Application and each Reapproval Application

PRIMARY INSTRUCTOR & CREDENTIALS: Laurie Larson, BSN

- ☐ Attach vitae/professional work history with Initial Application for this Primary Instructor
- ☒ Attach a copy of current RN or LPN license card with Initial Application and each Reapproval Application
- ☐ Attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years

M. J. Josephson  
Vice President

28 September 2011

SIGNATURE OF APPLICANT / TITLE

DATE

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: 10-3-11

DATE APPROVED: \_\_\_\_\_

DATE APPLICATION RETURNED: 10-25-11

DATE DENIED: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

EXPIRATION DATE OF APPROVAL: November 2013

BOARD REPRESENTATIVE: Diane Josephson